

MISSING PERSON / RUNAWAY REPORT

Grants Pass Department of Public Safety

101 NW A Street, Grants Pass, OR 97526

Phone 541-450-6260 / Fax 541-476-8527

Investigating Officer:**Case #:**

(Circle those that apply)

Adult Juvenile

(Circle those that apply)

Missing Lost Suspicious Endangered Runaway Other _____

Incident Location: _____**Missing Person Information:**

Name: _____ DOB: _____ SOC#: _____

Age at Disappearance: _____ Race: _____ Sex: _____ Height: _____ Weight: _____

Hair Color: _____ Hair Style/Length: _____ Eye Color: _____

Complexion: _____ Build: _____ Medical, Mental and Physical Condition or Drug Use: _____

Address: _____ Phone: _____

Doctor: _____ City: _____ Phone: _____

Prior Medical History/Broken bones, illnesses, etc: _____

Scars, Birthmarks, Moles, Tattoos, Other identifying marks: _____

Piercing/s: (check all that apply and number of piercings in each body part)

Left Ear:	Left Nose:	Left Eyebrow:	Other:
Right Ear:	Right Nose:	Right Eyebrow:	Other:

Teeth: (check all that apply)

Gap in top: _____ Gap in bottom: _____ Bottom dentures: _____ Top dentures: _____

Crooked on top: _____ Crooked on bottom: _____ Partial dentures: _____ Missing Teeth: _____

Caps on Teeth: _____ Braces: _____ Other/Desc: _____

Dentist Name: _____ City: _____ Phone: _____

Eyewear: _____ Describe: _____ Contacts: _____

Clothing worn at time of disappearance (shirt, pants, shorts, skirt, dress, overalls, shoes, hat, coat, sweater, belt, accessories, socks, backpack, purse, or any other clothing – describe completely):

If unknown what person was wearing at time of disappearance – describe what the person “generally” wears:

Jewelry (rings, earrings, necklaces, bracelets, watches, or any other kind of jewelry):

Employer/Work/School: _____

What is the person's hometown? _____

Please describe any additional information that may be helpful to assist in locating the missing person (relationships with family members, friends, associates, etc.):

Vehicle Information: (circle whatever applies)

Bicycle

Vehicle

None

Color: _____ Year: _____ Make: _____ Mdl: _____ Style: _____ License/State: _____

If missing person is a passenger, who is the driver/owner of the vehicle believed to be:

Name _____ DOB/Age _____ Relationship _____

Address _____ Phone _____

Circumstances of the Disappearance:

Date: _____ Time: _____ Address last seen: _____

Describe address last seen (home, work, friend or relative home, store, etc): _____

Are any of the missing person's belongings also missing? (List) _____

Were any of the missing person's belongings left at the scene? (List) _____

Describe the circumstances of the disappearance and any relevant information that lead up to it:

Complainant:

Name: _____ DOB: _____ Relationship: _____

Address: _____ Phone: _____

Cell Phone: _____ Work Phone: _____

Additional Contact Person:

Name: _____ Relationship: _____ Phone: _____

Cell Phone: _____ Work Phone: _____

In authorizing this missing person / runaway report, I hereby agree that I will notify the Grants Pass Dept of Public Safety , as soon as the missing person / runaway has returned home or is found by calling 474-6370.

Signature of Complainant

Date